MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04956 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Caroline Maryland Careline MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) weeks Ridgely e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Cherry Nursing Home None YES NO 3. NAME OF Middle 4 DATE Month Year First tast Day DECEASED Anna Amelia Blecksten April 18 19 67 (Type or print) DEATH S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED 80 yrs. Days Hours Female 12-3-1886 Cau. WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Housewife **COUNTRY?** INDUSTRY None Maryland

14. MOTHER'S MAIDEN NAME U.S.A 13. FATHER'S NAME Thomas Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates at service) Clinton Blocksten Ridgely, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Chronic Congestive Cardiac IMMEDIATE CAUSE (a) Failure DUE TO Canditions, if any, which gave Arteriosclerotic C. V. Disease rise to immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Chroni c Bronchitis NO YES T 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1! of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Not While at work 21. I certify that (1) (this hospital) attended the deceased from Mar. 30, 1967, to Apr. 18 \_\_, 1967, that (1) (we) lost 19 67, and that death accurred at \_\_\_\_\_M, fram causes and on the date stated above. saw the deceased alive an Apr. 17 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. Apr. 18'67 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S H.Stonesifer, M.D. Charles Greensboro, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Hillsbere St. Pauls 4-20-67 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25g. REC'D BY REGISTRAR Melanta Judge Greensboro, Md.

DATE

executed within 24 haurs after death filled in by the fu n papers. Pages vithin 72 hours after pan COL and comp The law requires that the death certificate be ottending phy ph/ or remayo permit. signed by the otter burial-transit permi burial, cremation, a **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. os the has been prior to use Dept. of Health FUNERAL DIRECTOR: After this certificate for be detached State Dept. of director, page 3 should be filed v 9

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04957

b. CITY OR TOWN (If autside carparate limits,

None

10a, USUAL OCCUPATION (Give kind of wark done dupper statement) making life [2] not wind to provide the control of the control

Goldsbore

6. COLOR OR RACE

Careline

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

Eirst

7. MARRIED

WIDOWED

1. PLACE OF DEATH

write RURAL

o. COUNTY

NAME OF

S. SEX

DECEASED (Type or print)

Female

13. FATHER'S NAME

o. STATE

Rural
d. STREET ADDRESS

Last

Sept.24,1903

14 MOTHER'S MAIDEN NAME

Carney

B. DATE OF BIRTH

None

Maryland

DATE

11, BIRTHPLACE (County & State, or fareign country)

OF DEATH

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

Galdsbore

AGE (In years

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

Month

IF UNDER

Months

Caroline

Day

Doys

12. CITIZEN OF WHAT

e. IS RESIDENCE ON A FARM?

YES - NO

Year

IF UNDER 24 HRS.

Hours

67

		MAR	YLAND STATE	DEP	ARTI	MENT OF HEAI	LTH		
ivision	of STATISTICAL	RESEARCH	AND RECORDS,	301	W. P	RESTON STREET,	BALTIMORE,	MARYLAND	21201
			CERTIFICA	ATE	OF	DEATH			n

MARYLAND

C. LENGTH OF STAY IN 16

63 Yrs.

Middle

NEVER MARRIED

10b. KIND OF BUSINESS OR

Operator

DIVORCED

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and injury event, within 72 haurs after death. 16

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

-	William E. Car	ney	Mary E. G	rece	
IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, noggunknown) (If yes give war or dotes of sen	16. SOCIAL SECURITY NO. 17 087-18-1794	Benena Stark	Address Goldsbere, N	aryland
	1B. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		nary Thrombos	is	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave (b)	Coronary I	nsufficiency ic C.V.Dis.wi	th Hynertenei	on
AHON	PART II. OTHER SIGNIFICANT CONDITIONS CONTR		O THE TERMINAL DISEASE CONDITION		19. WAS AUTOPSY PERFORMED? YES NO
AL CEKHILIN	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRE  20d. INJURY OCCURRED  20e. F		•	unty) (Stote)
MEDIC	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (1) (this hospita	While Nat While at work f	actary, street, affice bldg., etc.)		
	saw the deceased alive an AD	ril 14 19 67, and the	hat death accurred at	M, fram causes and an t	he date stated above.  ATE SIGNED  • 15, 1967
	22c. PHysician's NAME (Type) Charles H.	Stones fer, M.	D. Greensbo	ro, Maryland	
	BUTTAL SECTION 23b. DATE THEREOU 4-17-6	7 Union		Goldsboro, Ma	(County) (State)
24	+ E. Boulous	Greens Orozo,	Md DATE PRI	8 1887 SCHOOL	
1					

MAIS TO E MINERS W4650 arrived \_\_\_ Naryland \_\_\_ Newsline and ables as least and to capte Tolland 6000 ALL VACUE backynel gefelde terminel Thornto, A. maille POCTO NI STILL BELLYTH CONTRACTOR STATE STATES ALLTON " 1-01-01-00" Met alvie of the second second second gregorial property of the property of banicant resourcies mains (8-01-1 Infant and Design the street

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FORISTATE 04958 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o STATE b. COUNTY delay is and 3 to-Caroline Page Maryland e Department of death. MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give pearest town) ofter Federalsburg - Rural Federalsburg - Rural Life
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Life d. STREET ADDRESS hours Three Bridges Road R.F.D. Poges be executed within 24 haurs after death 3. NAME OF Middle 4. DATE last Manth DECEASED the VINETTA FAY CONWAY April within (Type or print) DEATH with S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR NEVER MARRIED X last birthday) Female Months Negro April 10, 1965 DIVORCED WIDOWED event CN. and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) None None Cambridge, Maryland any the Chief Medical Examiner's pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clarence W. Palmer Dorothy L. Conway File and .⊑ IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no prunknawn) (If yes give war ar dates of service) remayal, Clarence W. Palmer, Federalsburg, Md., RFD None 18: CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) **burial-transit** PART I. DEATH WAS CAUSED BY Asphyxiation Due to smoke inhlation Б IMMEDIATE CAUSE (a) This certificate should the certificate, writing the ward 4 shauld be farwarded to the Ch crematian, bidy surface burned 3rd and 4th Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse 0 egree burns 20 burial, ( PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION pe agent, priar to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: rapped in Burning CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.)
ome RFD ederlaburg caroline Maryland 10:40 p.m. Not While FUNERAL DIRECTOR: Page Its designated ag Home RFD at wark please execute 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry x the funeral directar. Accident . Suicide 🔄 death resulted frame Natural causes Hamicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY maryland DEPUTY MEDICAL EXAMINER TO Health ar **EXAMINER'S** Harold B. Plummer M.D. Address (Street, city, town, or county) Preston NAME (Type) 23g. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 0 REMOVAL (Specify) April 11,1967 Cokesbury Cemetery Near Federalsburg

Framptom and Bon, Federalshurg, Maryland

VR ATSME (S)

250, REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE Marie

(County)

(County)

Caroline

12. CITIZEN OF WHAT

COUNTRY

e. IS RESIDENCE ON A FARM?

YES NO X

Year

19 67

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

WAS AUTOPSY

PERFORMED? YES

and in my apinion

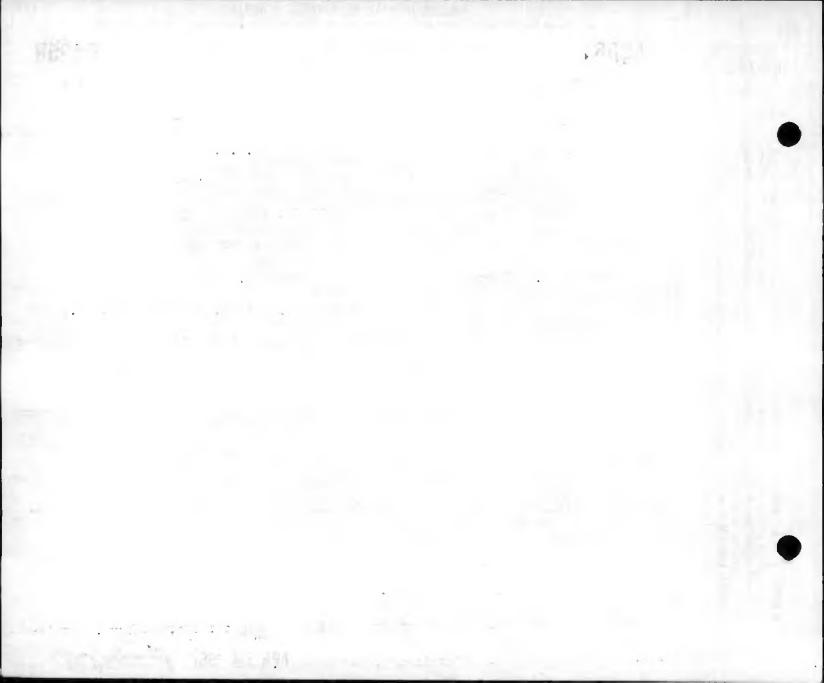
22. DATE SIGNED

(State)

arbline

NO

(State)



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04959 CERTIFICATE OF DEATH

		94953	3		CERTIFIC	CATE	OF DEATH			04959
		COUNTY	Careline		MARYLA		A CTATC	(Where deceased lived,	b county	sidence before admission)  Careline
		Green	autside corporate limits, give neorest tawn)		c. LENGTH OF STAY IN 1			utside corporate limits,	write RURAL and	d give nearest town)
	d.	NAME OF HOSPITA	L OR INSTITUTION (If not	in hospital, (			I. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
			None				Nen	e		YES NO
	D	AME OF ECEASED ype or print)	Rebert		Middle Warren	Hil	last	4. DATE OF	Month April	Doy Year 28 19 6
Ì	5. 51			7. MARRIED	NEVER MARRIED		DATE OF BIRTH	9. AGE (In	years IF UN	IDER 1 YEAR   IF UNDER 24 HR
1	M	ale	White	WIDOWED	DIVORCED	- AT	r. 23.	1905 62	thday) Moni	ths Doys Haurs Min.
Ì	10o. I	JSUAL OCCUPATION g most of working I	(Give kind af work dane ite, even if retired)	IN	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Count	y & State, or fareign cour		2. CITIZEN OF WHAT COUNTRY?
ŀ		FATHER'S NAME	chanic US	Post	Office		Penna.  4. MOTHER'S MAIDEN	NAME		SA
			ren Hill					Christ		
1	15.	WAS DECEASED EVE	IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. INF	ORMANT	_	Address	
ı	(165)	Yes arrown	TTTESTOR TO THE TENT	Pervice 22	1-07-9294	01	ive Hil	l Greens	bero,	Maryland
		18. CAUSE OF DE PART I. DEAT	ATH (Enter only one couse H WAS CAUSED BY: IMMEDIATE CAUSE (a	}	(a), (b), and (c).) Chronic	Cong	estive H	leart Fai	lure	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony,			Coronary	Dis	ease, ol	d Myocar	dial	
1		nse to immediate	cause (a), ( Duc To		Infarctio	on				
1		ost.	Iting coose	)	Arterios	cler	otic C. V	Disease		
-	ATTON	PART II, OTHER SIG	ENIFICANT CONDITIONS CON	TRIBUTING 1					T I(0)	19. WAS AUTOPSY PERFORMED? YES NO
- 1	CERT	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I		205. DE	SCRIBE HOW INJURY OCCU	URRED. (En	ter noture of injury in	Port I ar Port II af ite	m 18.)	
	MEDICAL	20c. TIME OF INJU Hour carr	10	2Dd. 11 While at war	Nat While		OF INJURY (Hame, far street, affice bldg., etc		tawn)	(County) (State)
		21. I certif	y that (I) (this hospi ceased alive onA	tol) otten	ded the deceased from 28 19 <mark>67</mark> , on	romN	eath occurred a	19 <u>56</u> , ta <u>Ap</u> tM, from	r. 28 , couses and a	19 <u>67</u> thot (I) (we) long the date stated above
1		22a. SYGNATURE	Cas A A	110	or lose	M.D.		MED. ST DIRECTOR P		pr. 29 67
-		22c. PHYSICIAN'S NAME (Type)	Charles	H.S	tonesifer,	,M.D	Gree	nsboro,	Maryla	nd
	23a.	BURIAL, CREMATIO REMOVAL (Specify	N, 23b. DATE THERI		23c. NAME OF CEMETE			23d. LOCATION (		(County) (State)
1	24.	FUNERAL DIRECTOR	0-		ADDRESS		2Sa. REC	D BY REGISTRAR		R'S SIGNATURE
	4	Co. Par	. O. al Mr	none	Onsa Mi	1	MATAV	4 1 1007	Ochon	la Judges

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

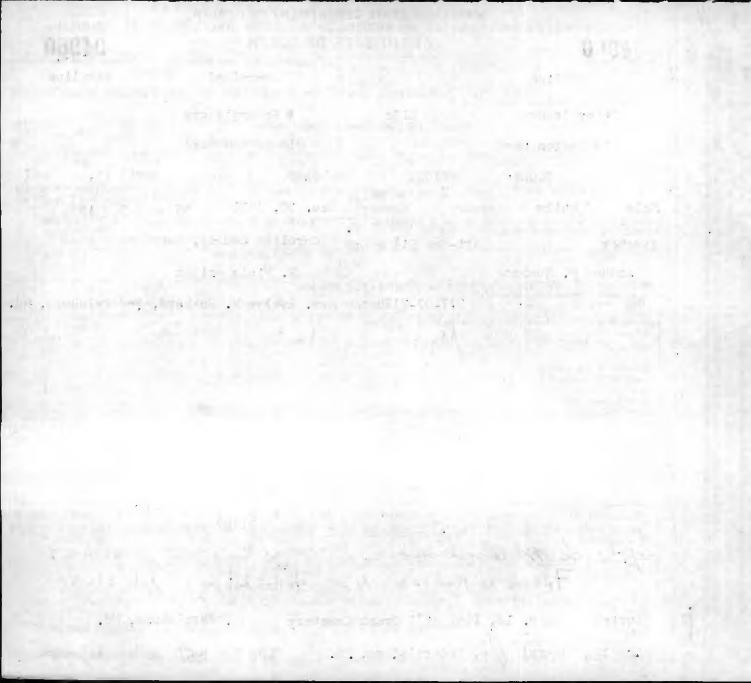
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	0496	0	CERTIFICAT	E OF DEATH		149611
1.	PLACE OF DEATI	H	- 10	2. USUAL RESIDENC	E (Where deceased lived, If Institution: R	esidence before admission)
	a. COUNTY	Caroline		a. STATE MAY	yland b. county Ca	aroline
-		'N (if outside corporate limits,	MARYLAND 1 c. LENGTH OF STAY IN 1b	The second second second	outside corporate limits, write RURAL	and give nearest town)
	Write RURAL	and give nearest town)	C. LENGIN OF STAT IN 10			and Bito nources somy
_		eralsburg	Life		ralsburg	51/
	d. NAME OF HO	SPITAL OR INSTITUTION (if not in i	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
_		Denton Road		11.	ton Road	YES NO NO
3.	NAME OF DECEASED	First ROGER	WRIGHT I	Last HUBBARD	4. DATE Month OF April 1:	Day Year 3, 19 67
3	(Type or print)		7.7		9. AGE (In years   IFUNDER	
			NEVER MARRIEO	8. DATE OF BIRTH	last hirthday) seemble l	Oays Hours   Min.
	Male	White WIDOWED		Dec. 30, 19	55 yrs. 3	±3
10:	a. USUAL OCCUPAT	ION (Give kind of work done 10b. I	CIND OF BUSINESS OR C.	11. BIRTHPLACE (Co	ounty & State, or foreign country)   12. C	ITIZEN OF WHAT DUNTRY?
	Trucker		-Gas Oil & Gas	Caroline	County, Maryland	USA
13	. FATHER'S NAM			14. MOTHER'S MAID	EN NAME	
	Arthu	r M. Hubbard		M. Vic	la Wright	
15	WAS DECEASED	EVER IN U.S. ARMED FORCES?   16	SOCIAL SECURITY NO.   17.	INFORMANT	Address	
(T)	NO	(If yes give war or dates of service)	17-07-2179	Mrs. Evelyn	H. Hubbard, Feder	alsburg, Md.
	1 18. CAUSE OF	DEATH [Enter only one cause per	line for (a), (b), and (c), 1			INTERVAL BETWEEN
		EATH WAS CAUSED BY:	0 0	11 6:		ONSET AND DEATH
	11241	IMMEDIATE CAUSE (a).	Myscondial	14 Togetton		13 1111010
	4201	DUE TO	,			
	Conditions, If		· · · · · · · · · · · · · · · · · · ·			
	cause (2), s	niie vo				
	underlying caus	se last. (c)				
ION	PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL C	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CAT		(0	besity			YES NO W
E	20a. ACCIDENT	WAS UNDERLYING     20b.		JRREO. (Enter nature of	Injury in Part I or Part II of Item 18	.)
CERTIFICATION	OR CONTRIBUT	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)				
CAL		manual	INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, fa	irm, 20f. (City or town) (Cou	unty) (State)
MEDICAL	Hour a.i	m. 19 at wo	Not While	ay, saret, unicoulug., e	10-/	
2		fy that (1) (this hospital) attend		4-13-17.1	9 10 4-13-67, 19	that (i) (we) last
		ceased alive on 4-13	-\7 19 , and tha	death occurred at 7	: 10M, from the causes and on t	
	223 SIGNATU		1)		22b. D	ATE SIGNED
	14/10	wk M. One	Gerson M.	ATTENDING D	MEO. STAFF DIRECTOR PHYS. D 4-	14-67
	22C. PHYSICIA	AN'S —	1	22d AODRESS		
	NAME (T	ype) TRANK M. A	inderson M.C	). teder.	lobus Md. 2	1634
23	a. BURIAL, CREM REMOVAL (Sp	MATION, 23b. OATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town or co	unty) (State)
	Byrial	Apr. 16, 196		emetery	Federalsburg, Md	
24	. FUNERAL DIR	ECTOR,	ADDRESS	25a. RE	C'O BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
	Frampio	Thamplan flow Fune all Home.	ederalsburg. M	d. OATEDE	1 0 1067 (Charl	a Curio
-	- TABLITO GO	The state of the s	ARTHIBOUTE !	A P	10 00/	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death: VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #8 Film 34961 OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Careline o. COUNTY Careline MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits RIOS (Typerest town) 10 Yrs. Ridgely e IS RESIDENCE ON A FARM? d. STREET ADDRESS d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Nene None YES 🗍 NO S 4 DATE NAME OF First Middle Manth Dov Year Last DECEASED William Edward Palmatary Sr. 12 67 19 (Type or print) DEATH LE LINDER 1 YEAR IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE ( n years 7 MARRIED NEVER MARRIED lost burthday) Months Hours Male White Aug. 28,1887 WIDOWED DIVORCED 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) USA COUNTRY? during most of working life, even if retired) INDUSTRY None Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME F. Palmatary Benjamin Resa Belnap 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 221-10-6995Mrs. Elphonsia Palmetary Ridgely.Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebral Thrambosis IMMEDIATE CAUSE (o) DUE TO Cardiovascular Renal Disease Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Generalized Arteriosclerosis lost 19 WAS AUTOPSY PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (Stote) 20c. TIME OF INJURY Month, Day Year (County) Hour o.m. foctory, street, office bldg., etc.) Not While at work 21. I certify that (1) (this haspital) attended the deceased framMar. 5 1966 to Apr. 12 167, that (I) (we) last saw the deceased alive an Apr. 11 and that death accurred at M, fram causes and an the date stated above. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF Apr.14'67 PHYS 22d. ADDRESS 22c. PHYS CIAN S NAME (Type) Charles H. Std nesifer.M.D Greensboro. Maryl and 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) (County) 23q\_ BURIAL, CREMATION, (Stote) Buttoval splaty) 4-15-67 Ridgely Ridgely, Maryland 250, RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** FUNERAL DIRECTOR Ocharles

O FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us VR A15 (4) 20 M 1/66

director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to

ATTENDING PHYSICIAN: The law requims that the death certificate be exacuted within 24 hours after dath.

in 72 hours after

burial, cremation, or removal, and in any

filled in I

papers.

and completely fi remoye carbon I

attending physicion of sermit. Then please

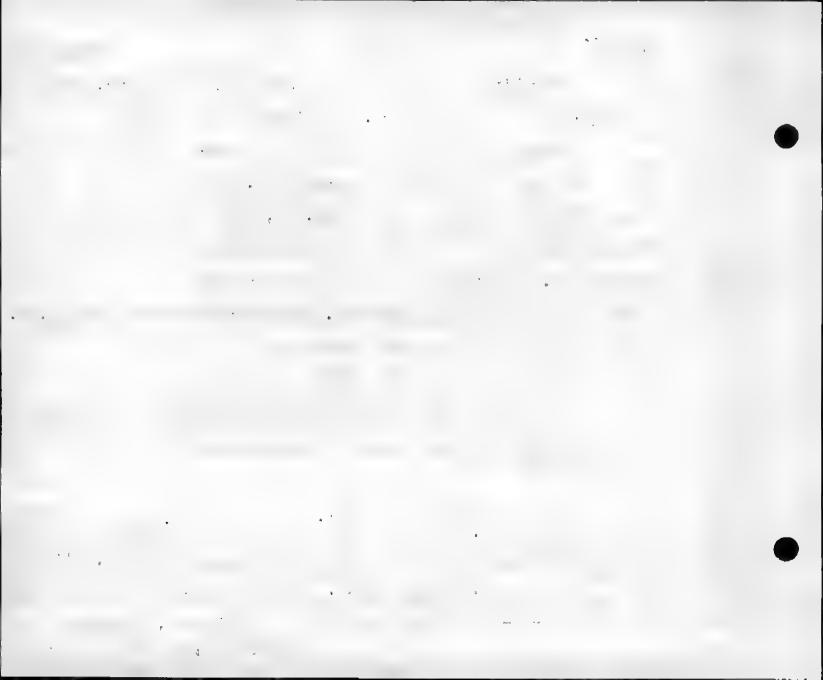
permit.

signed by the buriol-transit

has been

Poge 4 may be retained by the hospital or ottending physician.

pup



## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04962 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY Caroline Maryland MARY, AND Deportment b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c C TY OR TOWN (If autside carparate Lm ts, write RURAL and give nearest tawn) Federalsburg - Rural after Federalsburg - Rural Life d NAME DE HOSPITAL DR INSTITUTION ( finat in haspital, give street address) d STREET ADDRESS within 72 haurs R.F.D. Stote Three Bridges Road 3 NAME OF First Middle Last 4 DATE DECEASED the ANDREA Labrian PALMER (Type or print) DEATH WITH S SEX 6. COLOR OR RACE NEVER MARRIED K 8 DATE OF BIRTH 9 AGE (In years 7 MARRIED ed within 24 hours offi in pencil in Item 18. G I Examiner's Office aloi last birthday) Dec. 31, 1961 Male Negro event W DOWED DIVORCED and 2 10a JSUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS DR 11 B RTHPLACE (State or foreign country) during most of working life, even if retired)
Pre-school Student Public School dny Federalsburg, Maryland 13. FATHER S NAME be executed within 14. MOTHER'S MAIDEN NAME Clarence W. Palmer Shirlene Robinson and 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCA. SECURITY NO. 17. INFORMANT "pending" ir (Yes, na, ar unknown) (If yes give war ar dates of service) removol. Clarence W. Palmer, Federalsburg, Md., RFD None 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) Chief PART I. DEATH WAS CAUSED BY Asphyxiation from Smake Inhalation Ь IMMED ATE CAUSE (a) uned as a burial-trai burial, cremation, a word This certificate should Canditians if any, which gave Body surface burned with 3rd and rise to immediate cause (a), farwarded to DUE TO stating the underlying couse last 04th degree burns PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM MAL DISEASE CONDITION GIVEN IN PART I(a) 0 200 EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING prior 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of tem 18.) 70 should 3 shimil Tranged in burning home CAUSE OF DEATH 2Dc TIME OF INJURY Month, Day, Year Haur day, J. / 7 20d INJURY OCCURRED 2De PLACE OF NJURY (Hame, farm, 2Df (City or town) Not While factory, street, office oldg., etc.) 10:40 pm 4 at wark at work Home RFD Federalshung Waroling 21. I certify that Hoak charge of the remains described above, held an Autopsy Inspection , the funeral director. death resulted from Notural causes Acadent X Suicide 🔲 Hamicide Undetermined manner CH EF MED CAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER moy be re ō DEPUTY MED CAL EXAMINER ". Llummer **EXAMINER'S** "arold Address (Street, city, lawn, or county) Preston lleofth ( NAME (Type)

23b DATE THEREOF

April 11,1967

23c NAME OF CEMETERY OR CREMATORY

Son, Federalsburg, Maryland

Cokesbury Cemetery

10 VR A15ME 6M 1766

230 BURIAL, CREMATION,

J. Framptom/and

Near Federalsburg, Maryland 250 RECD BY REGISTRAR 256. REGISTRAR'S SIGNATURE Meliantes

23d LOCATION (City or Town)

Inquiry\_

Maryla d

b COUNTY Caroline

IF LINDER 1 YEAR

Doys

12 CITIZEN OF WHAT

COUNTRY

Month

Address

April

IS RESIDENCE ON A FARM?

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Year

1067

FUNDER 24 HRS

Hours

INTERVAL BETWEEN

DINSET AND DEATH

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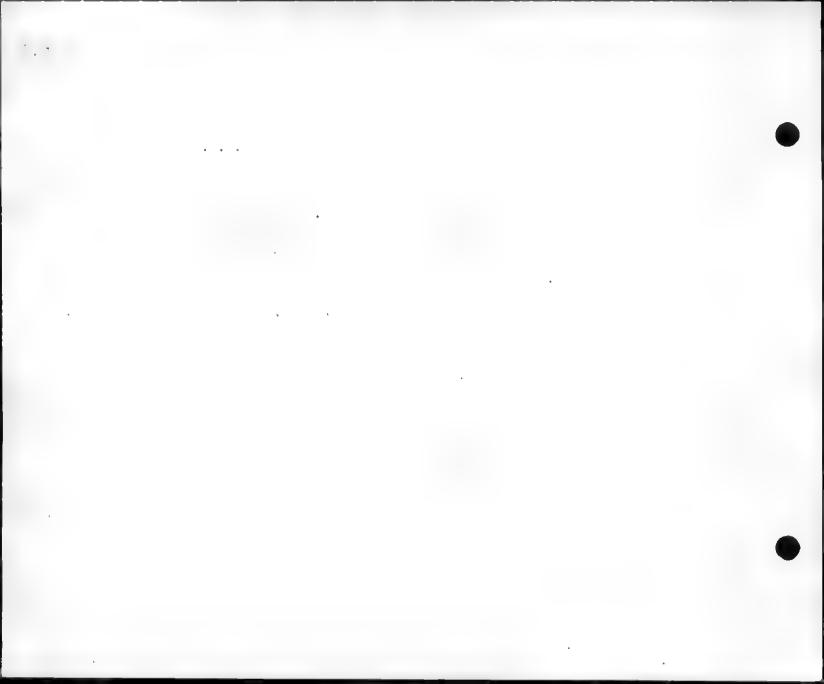
22. DATE SIGNED

(County)

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YES [

20minutes



PM3 Page

Fle pages land 2 with the state Department of an In any event within 72 haurs after death.

Give Pages 1, 2, and 3 to

in gend in Item 18

any delay is

AL EXAMINER: This cert ficate ahamld be executed within 24 hours after-death If

the funeral director. Page 4 showd be farwarded to the Chief Medical Examiner's Office all

nacesaary, please axecute the certificate, writing the ward "pending"

TO DEPUTY

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 34963

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

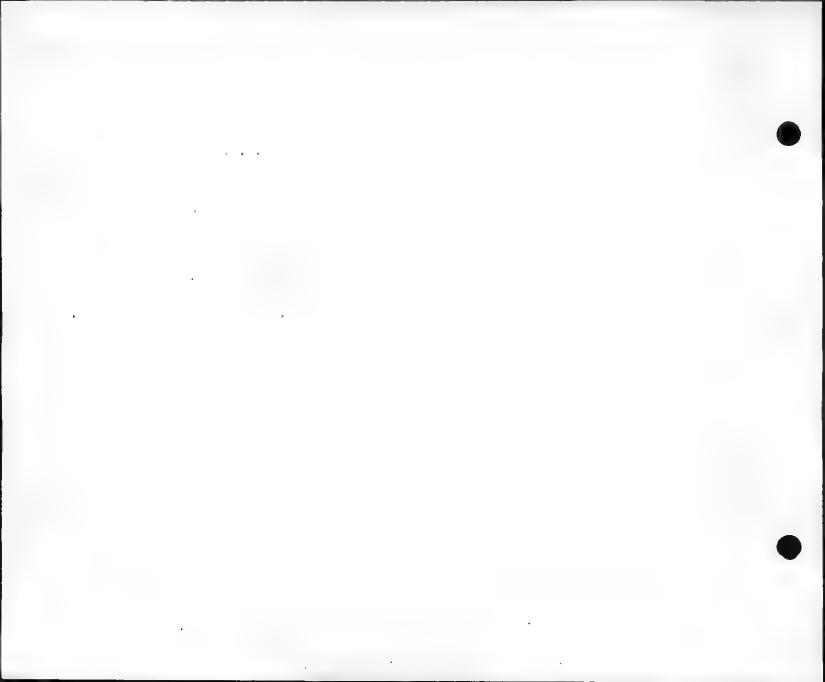
MARYLAND STATE DEPARTMENT OF HEALTH

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		AL OR INSTITUTION (If not in				d STREET ADDRESS				e IS	RESIDENCE
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(Тур	EASED be or print)	DEBRAH		Middle ANNETTE		Last PALMER	4 DATE OF DEATH	Manti Ap <b>ri</b> l		Day	Year 19 67
s sex Fe	male	Manage	MARRIED /IDOWED	NEVER MARR ED DIVORCED	24   '	DATE OF BRITH une 9, 1956		AGE (n years lost o rthdoy)	Months		UNDER 24 HRS ours Min
		(G ve kind of work done te even if retired) Student		OD OF BUSINESS OR DUSTRY		11 BRTHPLACE (Stote Federalsb	-		(0.	ZEN OF WH	IAT
13 FA	THER S NAME					14. MOTHER'S MAIDEN N	IAME				
	Clarer	ce W. Palmer				Shirle	ne Rol	oinson			
IS W.	AS DECEASED EVE	R IN U.S. ARMED FORCES?	16 5	OCIAL SECURITY NO.	17 IN	IFORMANT		Addre	55		
(142'16	No	(If yes give wor or dotes of serv	rice)	None	Cla	rence W. Pa	lmer,	Federals	burg,	Md.,	RFD
18	CAUSE OF DE	ATH (Enter only one couse pe	r line for	(o), (b), ond (c).)							AL BETWEEN
	PARI I DEAT	H WAS CAUSED BY IMMEDIATE CAUSE (o)	Asph	<u>yxiation</u>	Due	to Smoke	Inha	Blatton		20	AND DEATH Inutes
		DUE TO T	Pi No	in home	10	of as had	b		F 10 7 2 2	, es	3
	nd tons, if ony, e to immediat	e couse (n)	TIG	in home	TO	O% of bod	y bul	uled MI	10 11	u an	Ú.
	oting the under	. OBETO	4th	degree bu	rns						
NOITA PA	ART I OTHER SH	GNIFICANT CONDITIONS CONTR	IBUTING T	O DEATH BUT NOT RELATE	D TO TH	HE TERM NAL DISEASE CON	D T ON G VE	N IN PART 1(0)			S AUTOPSY FORMED?
3 0	DO EXTERNAL CA RIMARY Or CO! NUSE OF DEATH	USE WAS NTRIBUTING []	_			inter noture of injury n F	Port I or Por	t I of item 18.)			
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N/	CAMINER'S E	larold R.Plu	imne	r				or county) Pre			, - 1
	JRIAL, CREMAT C			23c NAME OF CEMETER		REMATORY		CATION (City or Tov		County)	(Stote)
	BOYALIS BETTY	D	1,196		ry	Cemetery	Ne:	ar Federa	lsbur	о Ма	ryland
24 FI	UNERAL PIRECTO	- I rational I	r	ADDRESS		25g p 60	BY REGISTR	967 25h RE	CISTRAR'S SI	GNATURE	,
J.	J. Fran	ntom and Son	Fed	eralsburg.	Mar	vland DATE	T # 1	001	ance,	Jung	

TO FUNERAL DIRECTOR: Page 3 shauld be wind as a liwral-transit permit Health ar its Designated agent, pr ar to burial, cremation, ar remaval VR A15ME 105

5 may be retained for your files



FORSTATE

HEALTH DEPT.

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IN INTINIAR: This certificate should be executed within 29 hours after death life

pending

the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along 5 may be retained for your files.

necessary, please execute the certificate, writing the word

TO DEPUTY NEW

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

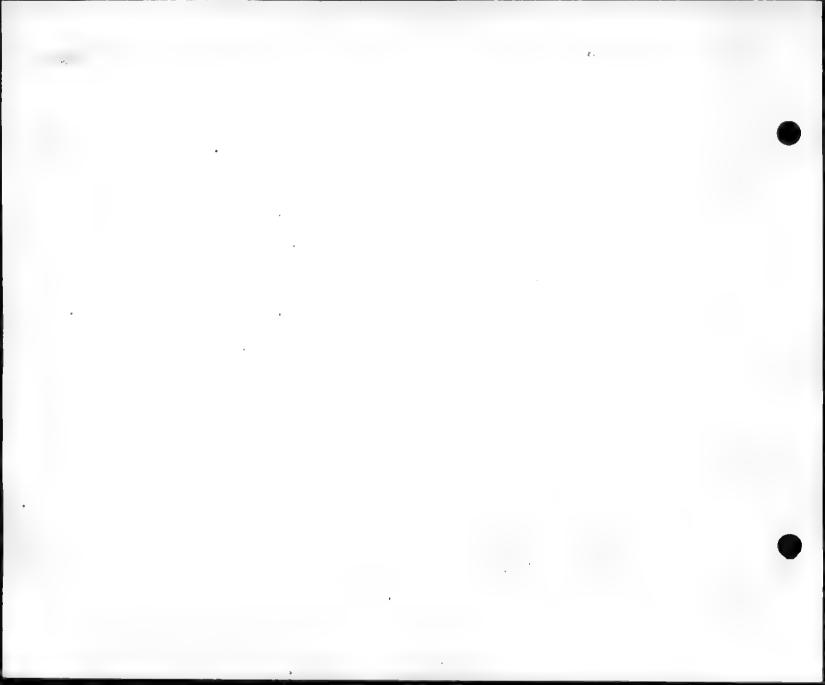
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04964

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t	(ITY OR TOWN (	f outside corporate limit i give nearest town) sburg - Rur		c LENGTH OF STAY IN		c CITY OR TOWN (			ote limits, write RUR		neorest	town)	
		AL OR INSTITUTION ( Fine				d STREET ADDRESS					e	IS RESID	
	Three	Bridges Ro					R.	F.D.			Υ	ON A FA	RM?
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5 5	EX	6 COLOR OR RACE	7 MARRIED	NEVER MARR ED		B. DATE OF B RTH		9	AGE ( n years	F UNDER 1		IF UNDER	
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13.	FATHER'S NAME	rence W. Pa	lmer			14 MOTHER'S MAID			inson				
15		R IN US ARMED FORCES?		OCIAL SECURITY NO	17	NFORMANT	CHE	KOD	Addre				
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CERTIFICATION	PART II OTHER SI	GN F CANT CONDITIONS C	ONTRIBUTING TO	O DEATH BUT NOT RELAT	ED TO	HE TERMINAL DISEASE	CONDIT	TON GIVE	EN N PART 1(o)			VAS AUTO ERFORME	
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CER	PRIMARY or COL	NTRIBUTING [_]	Ноп	ie cauaht	on	file an	i w	188	tranned	in	home	3	
WED CAL	20c TIME OF INJU	IRY Month, Doy, Year	20d IN.	LLRY OCCURRED 2	Oe PLA	E OF NJURY (Home	orm	20f	(City or town)	U digou	NA 1 Y	10 15	tote)
ME	10:40P	M 4/7/679	While of work	Not While of work	Ho'm'	ey stgetoff abdo	#bs	gd	RFD Fed	eral	sbu	rg 1	d.
	21. I certify	that taak charge	e of the rem	ains described aba	ve, he	ld an Autapsy	],	nspecti	an 🖳 Ingu	ıry 🖳	and	ın my o	pinian
	death result			Accident 🔼,		ide 🔲, 🛮 Hamici	ide 🗌	], U	ndetermined mo			,	
	ACTUAL	نم ) ۲	41			CHIEF MEDI-					99	- DATE (	UCHED
	SIGNATURE	000	JVL	um		_M D ASSISTANT I					47	1117	67
	EXAMINER'S NAME (Type)	Harold B	.Plumm	ner M.D.		DEPUTY MEI Address (St	DICAL E reet, cil	XAMINER Y, town,	Pres	ton I	lar	/len	d
230	BUR AL CREMAT C	N, 23b. DATE TH		23c NAME OF CEMETE	RY OR	CREMATORY		23d L0	CATION (City or Toy	vn')	(County)	(Sto	ote)
	REMOVAL (Specify		1,1967	Cokesbur	y C	emetery		Nea	r Federa	lsbur	p. M.	arvl.	a red
24	PUNERAL DIRECTO	Earn Stone /	r	ADDRESS	-	25o P	ECD_B1	REGISTR	CAR 256 REC	SISTRAR S SI	GNATURE	*****	
J.	J. Fram	tom and so	n, Fade	eralsburg.	Mar	vland DATE	ורת	14	136	Harl	SO Y	The same	-

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Heolth or its designated agent, prior to buriol, cremation, or removor and in any event within



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04965 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Maryland Careline Caroline MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 10 yrs Denten Denten d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d STREET ADDRESS 10 100 S. 7th St. None YES NO 3. NAME OF Middle 4. DATE Last Year DECEASED April Lula Elizabeth Pierce 67 (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 7. MARRIED last burthday) Manths Hours 4-14-1912 Cau. Female WIDOWED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Maryland

14. MOTHER'S MAIDEN NAME U.S ane 13. FATHER'S NAME John Howell Addie Ball IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give wor or dates of service) 220-03-3522 Sherman W. Pierce, Denten, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH Chronic Congestive Heart Failure IMMEDIATE CAUSE (o) DUE TO Cardiovascular Renal Dis.
(Arteriosclerotic) Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? Diabetes Mellitus NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased from Jan. 10 , 19 66, to ADPLL 2, 19 67, that (I) (we) last saw the deceased alive an\_ 1967, and that death accurred at \_\_\_\_\_M, from causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. Apr. 3'67 DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) H.S Charles sifer.M.I Greensboro. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL CREMATION (County) (State) REMOVAL (Specify) Hillsberg. Hillsbara 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** 1967

be executed within 24 hours ofter death ve-corbon popers. Par event, within 72 hours completely filled in remove-corbon guy oud and in physician a requires that the death certificate cremation, or removol, permit. signed by the burial-tronsit buriol, cremati O HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or ottending prior to the hos been 0.5 of Health p TO FUNERAL DIRECTOR: After this certificate detached pluods be filed with the director, should b VR A15 (4) 20 M 1/66

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FOR STATE HEALTH DEPT. Page P.M3. alang with farm State the With 1 and 2 ward "pending" in pencil in the Chief Medical Examiner's permit. removal burial-transit П 4 should be farwarded ta nsed priar ta 3 shauld its designated agent, the funeral director. Page 5 may be retained far you o FUNERAL DIRECTOR: Pag

hours event any pages in any and burial, crematian, FUNERAL DIRECTOR: Page Health ar

VR A15ME (5)

34966 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before bullinsson 1. PLACE OF DEATH o. COUNTY b. COUNTY C CITY OR TOWN (If outside corporate limits; write RURAL and give nearest fown) MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Rural Denton 60 Yr
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 60 Yrs. Rural Denton e. IS RESIDENCE ON A FARM? YES NO None None 3. NAME OF First Middle Lost 4. DATE Month Year DECEASED Shaffer 19 67 Tersh (Type or print DEATH S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED birthdoy) 2-23-1896 Female White WIDOWED DIVORCED 11. BIRTHPLACE (Stote or foreign country) 1Db. KIND OF BUSINESS OR 1Do. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during must of working life even if retired) INDUSTRY OUNTRY? A. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Sheemaker Nancy Cook 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Andress (Yes no or unknown) (If yes give wor or dotes of service) 217-36-2363B Samuel Shaffer Denten, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) Cuts Coronary Occlassion DUE TO Corpanray Artery Sclerosis with general-Conditions, if any, which gove rise to immediate cause (o). DUE TO stating the underlying couse zed arteriosclerosis with hypertension 10-15yrs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Diabetes Mellitus Controlled? NO 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port L or Port II of item 18.) PRIMARY I or CONTRIBUTING I No injury CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) factory street, office bldg., etc.) Nat While of work Maryland Dentinot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x Inquiry , and in my opinion deoth resulted from: Natural causes XI, Avident ... Suicide | Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL FXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER **EXAMINER'S** Harold B. Plummer NAME (Type) Address (Street, city, town, or county) 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 4-26-67 Denten Denton, Maryland 25a. REC'D BY REGISTRAR 25b. PESTRAR'S GNATURE

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